POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	MA	10591	4/21	
O.I.P.E. CLASSIFIER	En	32	4/27	
FORMALITY REVIEW	EVP	16 L) 43	04/16/00	
RESPONSE FORMALITY REVIEW			1	

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date	Claim	Oate	Claim	Date
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<b>8</b> 28 <b>9</b> 29	78		128	
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	91	<del>                                     </del>	141	<del>╃╃╃┩</del>
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44	94	╀┼┽┼┼┼┼┼┼┤	144	<del>┦-┦-┦-┦-</del> ┦-┦
45	95	<del>┦┈┧┈╏┈╏┈╏┈╏┈</del> ┦┈	145	<del>╃╃╃┩</del>
46	96	<del>┼┈╏╸╏┈╏┈╏┈╏┈╏</del> ╌┼╌ <del>╏┈</del> ╏	146	<del>┩╸╏╸╏╸╏╸╏╸</del> ╏
47	97	╂╌╂╼╄╌╂╌╂╌╂╌╂╌╃	147	<del>┩╶╂╌╏╌╏╼╏╸╏╸</del> ┤
48	98	<del>┩╶╂═╂╌╂╌╂╌╏</del> ╌╂═╂╌╃═┦	148	<del>╅╌┼╍╎╌┥╌┼╌</del> ┼ <del>╸</del> ┤
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If more than 150 claims or 10 actions staple additional sheet here